

*Pat Barker*

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559806

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
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36		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49	/					
50	/					
TOTAL IND.	9		↓		↓	↓
TOTAL DEP.	42	←	←	←	←	←
TOTAL CLAIMS	81					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
61		/				
62		/				
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86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.			↓			
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						